

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS508HHA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/10/2009
NAME OF PROVIDER OR SUPPLIER ALL CARE HOME HEALTH		STREET ADDRESS, CITY, STATE, ZIP CODE 2575 MONTESSOURI STREET, #100 LAS VEGAS, NV 89117		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{H 00} SS=C	<p>INITIAL COMMENTS</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions, or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The Follow-up State License Survey was conducted in accordance with Chapter 449, Home Health Agencies, adopted by the State Board of Health November 28, 1973, last amended November 17, 2005.</p> <p>This Statement of Deficiencies was generated as the result of a Follow-up State Licensure Survey conducted at your agency on April 9, 2009 through April 10, 2009. The Follow-up State Licensure Survey was conducted in conjunction with the Follow-up Medicare Recertification Survey.</p> <p>The following regulatory deficiencies were identified:</p>	{H 00}		
{H152} SS=C	<p>449.782 Personnel Policies</p> <p>A home health agency shall establish written policies concerning the qualification, responsibilities and conditions of employment for each type of personnel, including licensure if required by law. The written policies must be reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for:</p> <p>6. The maintenance of employee records which confirm that personnel policies are followed;</p> <p>This Regulation is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to comply with NRS 449.179 for 1 of 9</p>	{H152}		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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{H152}	<p>Continued From page 1</p> <p>employees (#5).</p> <p>Findings include:</p> <p>NRS 449.179(3)</p> <p>Initial and periodic investigations of criminal history of employee or independent contractor of certain agency or facility.</p> <p>3. The administrator of, or the person licensed to operate, an agency to provide personal care services in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups shall ensure that the criminal history of each employee or independent contractor who works at the agency or facility is investigated at least once every 5 years. The administrator or person shall:</p> <p>a. If the agency or facility does not have the fingerprints of the employee or independent contractor on file, obtain two sets of fingerprints from the employee or independent contractor;</p> <p>b. Obtain written authorization from the employee or independent contractor to forward the fingerprints on file or obtained pursuant to paragraph (a) to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report; and</p> <p>c. Submit the fingerprints to the Central Repository for Nevada Records of Criminal History.</p> <p>Employee #5: During personnel file review, the employee did not have a current fingerprint background check as required by NRS 449.179 (3). The employee's fingerprint and letter of verification from the Central Repository for Nevada Records of Criminal History was performed in November 2003.</p>	{H152}			

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{H152}	Continued From page 2	{H152}		
{H153} SS=B	<p>449.782 Personnel Policies</p> <p>A home health agency shall establish written policies concerning the qualification, responsibilities and conditions of employment for each type of personnel, including licensure if required by law. The written policies must be reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for:</p> <p>7. The annual testing of all employees who have contact with patients for tuberculosis pursuant to NAC 441A.375; and</p> <p>This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to comply with tuberculosis (TB) screening in accordance with NAC 441.A for 1 of 9 employees (#5).</p> <p>Findings include:</p> <p>NAC 441A.375</p> <p>3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a:</p> <p>a. Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and</p>	{H153}		

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{H153}	<p>Continued From page 3</p> <p>b. Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination.</p> <p>If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441.200.</p> <p>4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis.</p> <p>5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis.</p> <p>6. Counseling and preventive treatment must be offered to a person with positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441.A.200.</p> <p>7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person</p>	{H153}		

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{H153}	<p>Continued From page 4</p> <p>in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis.</p> <p>Employee #5: The personnel record lacked documented evidence that there had been TB screenings done in 2008 and 2009.</p> <p>Employee #5's documented TB screening was last performed on 2/6/07 with 0 millimeter (negative) result.</p> <p>Employee #2, #4, #6 and #9: During personnel file review, the employees' tuberculosis screening did not indicate the the dates in which the results were evaluated.</p> <p>On 4/10/09 in the morning, the Director of Nurses (DON) confirmed, Employee #5's file lacked documented evidence of performed annual TB screening for 2008 and 2009.</p> <p>The DON further revealed, the form in which the agency used for TB screening did not require an evaluation or read date.</p>	{H153}			

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